

ELPA Initial Screening
Winter 2006-2007 Administration

Order Form

District Name: _____

District Code: _____

ELPA COORDINATOR'S NAME	CONTACT PHONE	CONTACT E-MAIL

Please use this form to indicate the number of materials (i.e., Assessment Booklets, Answer Documents, tapes, CDs) that are needed for new students using ELPA Initial Screening in your district. Return this by fax to OEAA at 1-517-335-1186 when completed.

Materials Shipping Address

(These will ship to the district only at the mailing address you provide.)

Mailing Address for ELPA Materials: _____

ELPA Initial Screening, Winter 2006-2007 Cycle

Order 1 test for each student by level*

Level	Booklet	Answer Document	Listening (optional)		Large Print	Return Kit	Manual/ DFA
			Audio CD	Audio tape			
Level I-Grade K		NA					
Level II-Grades 1-2		NA					
Level III-Grades 3-5							
Level IV-Grades 6-8							
Level V-Grades 9-12							

**Note that the grade levels associated with each Assessment Level (I through V) have changed since the Fall 2006 administration.*

Please FAX to 1-517-335-1186

Please call 1-877-560-8378 or 517-373-8393 if you need assistance with this form.

Thank you!